

05/17/01

05-18-01

A/RE

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PTO/SB/50 (08-00)

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## REISSUE PATENT APPLICATION TRANSMITTAL

1033 U.S. PTO  
09/859692  
05/17/01

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

Attorney Docket No.	10961133-6
First Named Inventor	Rhoads
Original Patent Number	5,905,514
Original Patent Issue Date (Month/Day/Year)	May 18, 1999
Express Mail Label No.	EL844652563US

APPLICATION FOR REISSUE OF:  
(Check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent  
format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53)  
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(PTO/SB/96)

### ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status/support for all changes to  
the claims. See 37 CFR 1.173 (c).
- ☒ Original U.S. Patent for surrender  
☒ Ribbioned Original Patent Grant  
WILL FOLLOW  
☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS  
Citations
- ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- Other: .....

### 15. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label (HP) 22879 or ☐ Correspondence address below  
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NAME (Print/Type)

W. NORMAN RETH

Registration No. (Attorney/Agent)

26,225

Signature

W. Norman Reth

Date

17 May 2001

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 10961133-6		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) <u>26</u>	Total Claims (37 CFR 1.16(j))	(B) <u>26</u>	**** 0 =	x \$ _____ =		or	x \$ <u>18</u> =	
(C) <u>7</u>	Independent claims (37 CFR 1.16(i))	(D) <u>7</u>	• 0 =	x \$ _____ =			x \$ <u>80</u> =	
Basic Fee (37 CFR 1.16(h))						\$ _____	\$ <u>710</u>	
Total Filing Fee						\$ _____	OR \$ <u>710</u>	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** <u>50</u>	MINUS	<u>30</u> <u>26</u>	= <u>24</u>	x \$ _____ =		x \$ <u>18</u> =	<u>432</u>
Independent Claims (37 CFR 1.16(i))	*** <u>10</u>	MINUS	***** <u>7</u>	= <u>3</u>	x \$ _____ =		x \$ <u>80</u> =	<u>240</u>
Total Additional Fee						\$ _____	OR \$ <u>672</u>	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>08-2025</u> in the amount of <u>1,382.</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>08-2025</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>5/17/01</u> Date</p> </div> <div style="width: 45%; text-align: center;"> <p><u>W. Norman Roth</u> Signature of Applicant, Attorney or Agent of Record</p> <p><u>W. NORMAN ROTH</u> Typed or printed name</p> </div> </div>								